

IDENTIFICATION (1)																	
PLACE NAME _____																	
NAME OF HOUSEHOLD HEAD _____																	
CLUSTER NUMBER								<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
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NAME AND LINE NUMBER OF WOMAN _____																	
INTERVIEWER VISITS																	
	1	2	3	FINAL VISIT													
DATE	_____	_____	_____	<div style="display: flex; justify-content: space-between;"> <div> DAY MONTH YEAR INT. NO. </div> <div style="border: 1px solid black; padding: 2px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> </div>													
INTERVIEWER'S NAME	_____	_____	_____	<div style="display: flex; justify-content: space-between;"> <div> YEAR INT. NO. </div> <div style="border: 1px solid black; padding: 2px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> </div>													
RESULT*	_____	_____	_____	<div style="display: flex; justify-content: space-between;"> <div> RESULT* </div> <div style="border: 1px solid black; padding: 2px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> </div>													
NEXT VISIT: DATE	_____	_____	_____	<div style="display: flex; justify-content: space-between;"> <div> TIME </div> <div> TOTAL NUMBER OF VISITS </div> <div style="border: 1px solid black; padding: 2px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div> **RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED </div> <div> 7 OTHER _____ SPECIFY </div> </div>																	
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0	1																

(2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.

HPV VACCINATION MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
HPV01	CHECK 111: 15-17 YEARS OLD <input type="checkbox"/> 18-49 YEARS OLD <input type="checkbox"/>		NEXT SECT.
HPV02 (1)	Now I would like to ask some questions about human papillomavirus or HPV vaccinations that you have received. An HPV vaccine is an injection given in the [left upper arm] to girls between the ages of [9-14] years, as a protection against cervical cancer. In [COUNTRY], the HPV vaccine is also commonly referred to as [Cervarix/Gardasil] and is commonly given [at school/at a medical facility].		
HPV03 (1)	Have you ever received a vaccination against HPV, that is, an injection in the [left upper arm] to protect against cervical cancer? IF NO OR DON'T KNOW: In [COUNTRY], the HPV vaccine is also referred to as [Cervarix/Gardasil] and is commonly given [at school/at a medical facility] to girls between the ages of [9-14].	YES 1 NO 2 DON'T KNOW 8	NEXT SECT.
HPV04 (2)	Did you ever receive an HPV vaccination card?	YES 1 NO 2	
HPV05	Did you receive one or two doses of the HPV vaccine?	ONE DOSE 1 TWO DOSES 2 DON'T KNOW 8	
HPV06	Where did you receive your most recent HPV vaccination? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO CLASSIFY THE SOURCE, RECORD '96' AND WRITE THE NAME OF THE PLACE.	HEALTH FACILITY PUBLIC HEALTH FACILITY 11 PRIVATE HEALTH FACILITY 12 NGO HEALTH FACILITY 13 SCHOOL 21 OTHER 96 (SPECIFY) DON'T KNOW 98	

(1) Adapt question locally after determining the most common injection site.

(2) Replace the word 'card' with the term used locally to refer to the official HPV vaccination record.